2009-2010

GIC BENEFIT DECISION GUIDE

Municipal
Employees, Retirees
& Survivors

Benefit changes for July 1, 2009 EVALUATE YOUR OPTIONS!



Your Benefits Connection



DEVAL L. PATRICK GOVERNOR OFFICE OF THE GOVERNOR

COMMONWEALTH OF MASSACHUSETTS

STATE HOUSE • BOSTON, MA 02133 (617) 725-4000

TIMOTHY P. MURRAY LIEUTENANT GOVERNOR

Spring 2009



Dear Colleagues:

In this year's Benefit Decision Guide, you will find important information about your benefits under the state's health care plans. Our goal remains to offer you and your family excellent benefits at affordable costs.

To achieve these goals, we will continue to work with the Group Insurance Commission (GIC) to improve quality and contain costs. The GIC will continue its leadership role in driving health care delivery improvements, quantifying differences in care and providing incentives by charging lower co-payments for those who use better-performing doctors and health care providers. Now more than ever it is important that we do all we can to control the cost of health care. Each of us has a part to play -- the GIC by designing programs to improve the system; the Administration and the Legislature by funding these programs responsibly; and you by being thoughtful and prudent consumers.

I urge you to read the **2009-2010 Benefit Decision Guide** thoroughly. Contact your current health plan (if you are not in Medicare), and other GIC health plans you are considering, to find out which tiers your doctors and hospitals are in. All enrollees can take advantage of other resources, including the GIC's website and health fairs, to research your options and make the best selections for you and your family. I thank you for your service to the Commonwealth. I look forward to continuing our work together to move Massachusetts forward.

Sincerely,

All enrollees should read: New Hire and Annual Enrollment Annual Enrollment News 4 Maximize Your Employee and Non-Medicare Select & Save Benefits 6 Benefit Changes Effective July 1, 2009 7 Medicare and Your GIC Benefits 10 Monthly Group Insurance Commission (GIC) Full Cost Rates Find out about your Employee/Non-Medicare health plan options: **Employee and Non-Medicare** Find out about your Medicare health

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Your Benefits Connection

The Benefit Decision Guide is an overview of GIC benefits and is not a benefit handbook. Contact the plans or see the GIC's website for plan handbooks.



IMPORTANT REMINDERS

- This Benefit Decision Guide contains important benefit changes effective July 1, 2009. *Review pages 4-8 for details*.
- Read the Weigh Your Options section on page 9 for important information to consider when selecting a health plan.
- Your annual enrollment forms are due to the GIC Coordinator in your benefits office (new GIC enrollees, Retired Municipal Teachers converting to municipal coverage and active employees) or the GIC (retirees and survivors from existing municipalities) by May 15. Changes go into effect July 1, 2009.

In Memoriam

Nancy Bolduc

Director of Operations Group Insurance Commission



This year's annual enrollment is dedicated to Nancy Bolduc, who made the whole process run like clockwork. She organized and attended every one of the health fairs, trained the staff, and made sure that members' insurance cards got mailed. All year long, she solved problems large and small for members, their families, agency coordinators, and plan representatives. She treated all of them exactly the same – firmly, fairly, and honestly. She gave us her best for 47 years and left us too soon.

Frequently Asked Questions

Q As a new employee, when do my GIC benefits begin?

A GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first.

Q I'm turning age 65; what do I need to do?

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If you are eligible and are retired, you must enroll in Medicare Parts A and B to continue coverage with the GIC. If you are eligible and continue working after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

See the GIC's website for answers to other frequently asked questions:

www.mass.gov/gic

The spouse of an active employee who is 65 or over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see our website for details.

Most enrollees should not sign up for Medicare Part D.

Q I am an active employee age 65 or over; which health plan card should I present to a doctor's office or hospital?

A When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

Q I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?

A Your spouse must call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. See page 10 for health plan combination options.

Q If I die, is my surviving spouse eligible for GIC health insurance?

A If you (the insured) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage until he/she remarries or dies.



Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for services provided to you or a family member. Active employees must notify the GIC Coordinator in their benefits office if any of the following occur; if you are a retiree or survivor, write to the GIC:

- Marriage or remarriage
- Remarriage of a former spouse
- Legal separation
- Divorce
- Address change
- Dependent turning age 19
- Dependent age 19 and over who ceases to be a full-time student, withdraws from school, graduates, is on a medical leave of absence from school or a medical leave of absence ends, ceases to be an IRS Dependent, or ceases to be a Non-IRS Dependent
- Marriage of a covered dependent
- Death of an insured
- Death of a covered spouse or dependent
- Birth or adoption of a child
- Legal guardianship of a child
- You have GIC COBRA coverage and become eligible for other health coverage

You may be held personally and financially responsible for failure to notify the GIC of family status changes.



Annual enrollment gives you an opportunity to review your benefit options and enroll in a health plan or make changes if you desire.



If you are an existing municipal enrollee and want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

NEW EMPLOYEES

Within 10 Calendar Days of Hire

See the GIC Coordinator in your benefits office or the GIC's website for coverage effective date details.

> You may enroll in one of these health plans:

EMPLOYEES, NON-MEDICARE
RETIREES/SURVIVORS and RETIRED
MUNICIPAL TEACHERS (RMTs)
CONVERTING TO MUNICIPAL COVERAGE

MEDICARE RETIRES/SURVIVORS and RETIRED MUNICIPAL TEACHERS (RMTs) CONVERTING TO MUNICIPAL COVERAGE

During Annual Enrollment
April 13-May 15, 2009
for changes effective July 1, 2009

You may enroll in or change your selection of one of these health plans:

- Fallon Community Health Plan Direct Care
- Fallon Community Health Plan Select Care
- Harvard Pilgrim Independence Plan
- Health New England
- Navigator by Tufts Health Plan
- NHP Care (Neighborhood Health Plan)
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice
- UniCare State Indemnity Plan/PLUS

By submitting within 10 days of employment...

- GIC enrollment forms; and
- Required documentation for family coverage (if applicable) as outlined on the Status Changes section of our website to the GIC Coordinator in your benefits office

By submitting by May 15...

GIC enrollment forms and, if not already enrolled in a GIC plan, required documentation for family coverage as outlined on the *Status Changes* section of our website to the GIC Coordinator in your benefits office

NOTE: Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. See your municipality's GIC Coordinator for details.



Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area or become eligible for Medicare (in which case, you must switch plans).

You may enroll in or change your selection of one of these health plans:

- Fallon Senior Plan
- Harvard Pilgrim Medicare
 Enhance
- Health New England MedPlus
- Tufts Health Plan Medicare Complement
- Tufts Health Plan Medicare Preferred
- UniCare State Indemnity Plan/ Medicare Extension (OME)

By submitting by May 15...

- New Municipal Retirees/ Survivors: GIC Municipality enrollment forms and required documentation as outlined on the Status Changes section of our website to the GIC Coordinator in your benefits office
- RMTs converting to municipal coverage: GIC Municipality enrollment forms to the GIC Coordinator in your benefits office
- Existing Municipal Retirees/ Survivors: Written request to the GIC asking for the change

Enrollment and application forms are available on our website: www.mass.gov/gic and through the GIC Coordinator in your benefits office.

Our Challenge

Health care costs continue to skyrocket. Nationally:

- Health premiums rose 6.3% in 2008 after benefit changes
- Without benefit changes, health premiums will rise on average at least 8% in 2009

The GIC has continued to match or beat these market trends with minimal benefit changes:

- FY09 increase 6.37%
- FY08 increase 3.75%
- FY07 increase 7.30%

But, rising costs and contracting state revenues pose formidable challenges. Even so, FY10 premiums will increase by only 3.19%.

Why are the GIC's health care costs rising?

- New technology
- Aging population
- Overuse of some services (e.g., radiology and heavily advertised brand drugs)
- Lower cost community hospitals being squeezed utilization of more expensive teaching hospitals is two and one-half times the national average
- Addition of municipalities=more enrollees
- Increased waistlines and other unhealthy lifestyle choices

What do many other employers do to contain costs?

- Reduce coverage (example: eliminate retiree coverage)
- Eliminate choice of plans and/or providers
- Implement high-deductible plans (example: \$1,000-\$5,000 deductibles before benefits begin)
- Institute co-insurance (example: member pays 20% of the cost of service)

The GIC has taken a different approach:

- Share responsibility for reducing costs and improving quality—providers, members, health plans, and the GIC
- Maintain comprehensive benefits and choice
- Emphasize health care quality and safety
- Adopt modest member share increases
- Educate members about provider performance
- Encourage healthy behavior
- Maintain retiree health benefits

With the GIC's Clinical Performance Improvement (CPI) Initiative *for Employee/Non-Medicare Health Plans*, members pay lower copays for providers with the highest combined quality and efficiency scores:

★★★ Tier 1 (excellent)

- ★★ Tier 2 (good)
 - ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

For FY10, *Employee/Non-Medicare health plans* will tier additional specialties:

- Pulmonology/Pulmonary Disease
- ENT/Otolaryngology

How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and efficiency.

Good

Why Are Some Copays Going Up?

There are three reasons for rising copays: 1) Provider prices are going up 2) Premium increases are relatively low this year, and 3) Everyone needs to share in meeting the Commonwealth's budget challenges.

Employee and Non-Medicare Retiree/ Survivor Health Plan Benefit Changes

To address the anticipated GIC budget shortfall, there will be changes in some *Non-Medicare* health plan copays. See pages 6 and 7 for details:

- Retail prescription drug copays \$10/\$25/\$50; mail order copays \$20/\$50/\$110
- Increased specialist office visits by \$5 for each tier for most plans; small increase in Primary Care Physician copays for some plans
- Increased copays and tiered structure for inpatient hospital copays Harvard Pilgrim Independence Plan, Navigator by Tufts Health Plan and UniCare State Indemnity Plan/PLUS
- Introduction of high-tech imaging (e.g., MRI, CT and PET scans) copay of \$75
- Emergency Room copay of \$75
- Increased or tiered outpatient surgery copays Harvard Pilgrim Independence Plan, Navigator by Tufts Health Plan and UniCare/PLUS

Medicare Retiree/Survivor Health Plan Benefit Changes:

■ Retail prescription drug copays \$10/\$25/\$50; mail order copays \$20/\$50/\$110

Maximize Your Employee and Non-Medicare Select & Save Plan Benefits

DURING Annual Enrollment:

Contact the health plans you're considering to see which copays you would pay for your doctors and hospitals.



AFTER Annual Enrollment:

- ☑ Be an informed consumer!
- ☑ Tier 1 and Tier 2 physicians have lower copays.
- Before you visit a doctor or are admitted to the hospital (non-emergency), find out your copay for the doctor or hospital.

Choosing a HEALTH PLAN

During annual enrollment, "Julie" checked out which tier her own, her husband's and her children's doctors would be in as of July 1 in some of the GIC's health plans.

She found out that the doctors she and her family see most are Tier 1 in the UniCare State Indemnity Plan/PLUS and the UniCare State Indemnity Plan/Community Choice. However, the hospitals they use have a lower copay in the Community Choice Plan and her premium will be lower in that plan. She decides to change to the UniCare State Indemnity Plan/Community Choice during annual enrollment.

Choosing a DOCTOR OR HOSPITAL

"Mike" was told he needs surgery. He is in Navigator by Tufts Health Plan and talks to his surgeon to find out which hospitals the surgeon recommends for his care. He contacts Tufts Health Plan to find out which copay tier the recommended hospitals are in. He elects to receive care at a Tier 1 hospital and saves money by doing so.

"George" is a member of the Harvard Pilgrim Independence Plan. He needs to see a dermatologist and finds out that the doctor his internist recommended is in Tier 3. On Harvard Pilgrim's website, he finds two dermatologists in his area who are in Tier 1. He calls his internist to find out whether she recommends either of the two physicians. She highly recommends one of the doctors and George books an appointment with that dermatologist.





EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS	IN-NETWORK COPAY AND BENEFIT CHANGES (See pages 15-23 for other health plan copays)
Fallon Community Health Plan Direct Care and Select Care See additional plan-specific changes below	 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay Tier 3: \$50 retail; \$110 mail order Mandatory generics implemented (see page 14 for description)
Fallon Community Health Plan Direct Care	Specialist office visit copay: \$20Retail clinic copay: \$10
Fallon Community Health Plan Select Care	■ Specialist office visit copay: ★★★ Tier 1: \$20 ★★ Tier 2: \$30 ★ Tier 3: \$40 ■ Retail clinic copay: \$15
Harvard Pilgrim Independence Plan	 ■ Specialist office visit copay: ★★ Tier 2: \$30 ★ Tier 3: \$40 ■ Emergency Room copay: \$75 ■ Retail clinic copay: \$15 ■ Inpatient hospital copay per admission: Tier 1: \$250 Tier 2: \$500 Tier 3: \$750 ■ Outpatient surgery copay per occurrence: \$150 ■ High-tech imaging copay: \$75 (maximum one copay per day) ■ Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order
Health New England	 Primary Care Physician office visit copay – no tiering: \$15 Specialist office visit copay: *** Tier 1: \$20 ** Tier 2: \$30 * Tier 3: \$40 Retail clinic copay: \$15 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order Physical Therapy/Occupational Therapy office visit copay: \$20
Navigator by Tufts Health Plan	 Specialist office visit copay: *** Tier 1: \$20 ** Tier 2: \$30 * Tier 3: \$40 Emergency Room copay: \$75 Retail clinic copay: \$15 Inpatient hospital copay per admission: Tier 1: \$300 Tier 2: \$700 Outpatient surgery copay per occurrence: \$150 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order Physical Therapy/Occupational Therapy: maximum 30 visits per calendar year Speech Therapy office visit copay: \$15 Preauthorization required for out-of-network inpatient and outpatient mental health/substance abuse care

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS	IN-NETWORK COPAY AND BENEFIT CHANGES (See pages 15-23 for other health plan copays)
NHP Care (Neighborhood Health Plan)	 Specialist office visit copay: *** Tier 1: \$20 ** Tier 2: \$30 * Tier 3: \$40 Retail clinic copay: \$15 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay Tier 3: \$50 retail; \$110 mail order Outpatient mental health/substance abuse office visit copay: \$20
UniCare State Indemnity Plan/ Basic, Community Choice, and PLUS See additional plan-specific changes below	 Emergency Room copay: \$75 Retail clinic copay: \$15 High-tech imaging copay: \$75 (maximum one copay per day) Prescription drug copay: Tier 1: \$10 retail; \$20 mail order Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order Specialty drugs up to 30-day supply – implementation of three tier copays: \$10/\$25/\$50 Non-sedating antihistamines no longer covered Prescription drug value tier eliminated Preauthorization required for out-of-network inpatient and outpatient mental health/substance abuse care
UniCare State Indemnity Plan/Basic	 ■ Primary Care Physician office visit copay: ★★ Tier 2: \$25 ★ Tier 3: \$30 ■ Specialist office visit copay: ★★★ Tier 1: \$15 ★★ Tier 2: \$25 ★ Tier 3: \$35
UniCare State Indemnity Plan/ Community Choice	 ■ Primary Care Physician office visit copay: ★★ Tier 2: \$25 ★ Tier 3: \$30 ■ Specialist office visit copay: ★★★ Tier 1: \$20 ★★ Tier 2: \$25 ★ Tier 3: \$40 ■ Inpatient hospital copay per admission: \$250
UniCare State Indemnity Plan/PLUS	 ■ Primary Care Physician office visit copay: ★★ Tier 2: \$25 ★ Tier 3: \$30 ■ Specialist office visit copay: ★★★ Tier 1: \$20 ★★ Tier 2: \$25 ★ Tier 3: \$40 ■ Inpatient hospital copay per admission: Tier 2: \$500 Tier 3: \$750 ■ Outpatient surgery copay per occurrence: Tier 2: \$100 Tier 3: \$250

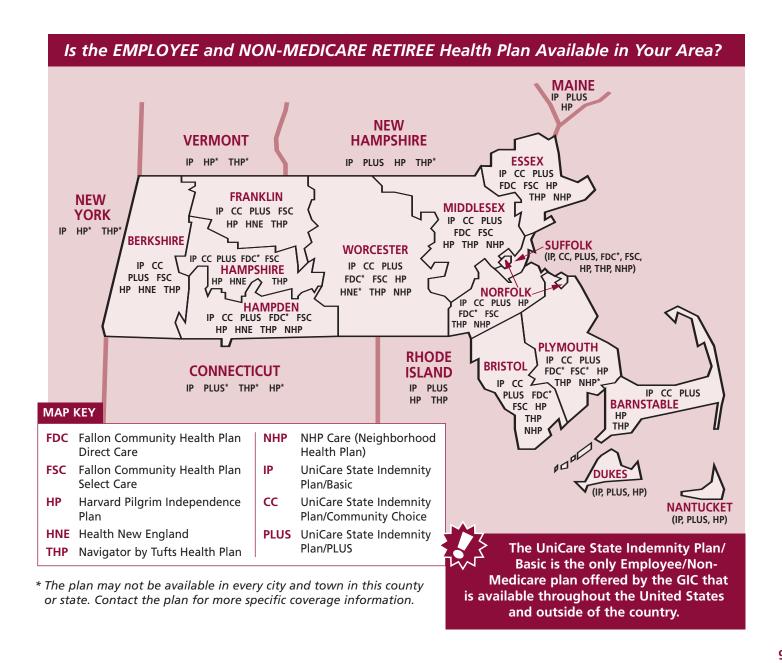
MEDICARE HEALTH PLANS	IN-NETWORK COPAY AND BENEFIT CHANGES (See pages 24-29 for other health plan copays)
Harvard Pilgrim Medicare Enhance	 Retail clinic copay: \$10 Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order
Health New England MedPlus	 Retail clinic copay: \$10 Prescription drug copay: Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order
Tufts Health Plan Medicare Complement	 Retail clinic copay: \$10 Prescription drug copay: Tier 1: \$10 retail; \$20 mail order Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order Retail prescription drug limited to 30-day supply Mental health and substance abuse inpatient admission at Medicare facility: no day limit Routine eye exam frequency: one per 24 months
UniCare State Indemnity Plan/ Medicare Extension (OME)	 Retail clinic: 100% after \$35 annual deductible Prescription drug copay: Tier 1: \$10 retail; \$20 mail order Tier 2: \$25 retail; \$50 mail order Tier 3: \$50 retail; \$110 mail order Specialty drugs up to 30-day supply – implementation of three tier copays: \$10/\$25/\$50 Non-sedating antihistamines no longer covered Prescription drug value tier eliminated Preauthorization required for out-of-network inpatient and outpatient mental health/substance abuse care



Weigh Your Options

- Determine which plans you are eligible for: See the map below for employee and Non-Medicare retiree plan locations and page 12 for Medicare plan locations. See each health plan page for eligibility details.
- Review the health plan pages 15-29 for an overview of your health plan options, their structure, and most frequently used service copays and deductibles. Weigh the following:
 - Are there out-of-network benefits and do you need them?
 - Do you prefer having a Primary Care Physician who is required to coordinate your care?
 - Monthly rates (see separate rate chart).

- Contact the health plans you are considering to find out:
 - Information on other health plan benefits, such as mental health, hearing aids, weight loss programs and more that are not described in this guide
 - If your doctors and hospitals are in the network
 - Which copay tiers your doctors and hospitals are in (this does not apply to GIC Medicare plans)
- Attend a GIC health fair and see the GIC's website for additional information (see pages 30 and 31).



Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse should NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.

When you (the insured) retire:

- If you and/or your spouse are eligible for Part A for free, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If both you and your spouse are Medicare eligible, both of you must enroll in the same Medicare plan.
- You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC coverage.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

Health Plan Combination Choices

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Harvard Pilgrim	Harvard Pilgrim Medicare
Independence Plan	Enhance
Health New England	Health New England MedPlus
Navigator by Tufts Health	Tufts Health Plan Medicare
Plan	Complement
Navigator by Tufts Health	Tufts Health Plan Medicare
Plan	Preferred
UniCare State Indemnity	UniCare State Indemnity Plan/
Plan/Basic	Medicare Extension (OME)
UniCare State Indemnity	UniCare State Indemnity Plan/
Plan/Community Choice	Medicare Extension (OME)
UniCare State Indemnity	UniCare State Indemnity Plan/
Plan/PLUS	Medicare Extension (OME)



How to Calculate Your Rate



See separate rate chart from your municipality.

Medicare Family

Find the premium for the Medicare plan in which you are enrolling and double it for your monthly rate.

Retiree and Spouse Coverage if Under and Over Age 65

- **1.** Find the premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
- **2.** Find the individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
- **3.** Add the two premiums together; this is what you will pay monthly.

If you have one Medicare enrollee and two or more Non-Medicare enrollees, add the Medicare premium to the Non-Medicare family coverage premium to calculate your monthly premium.

Helpful Reminders

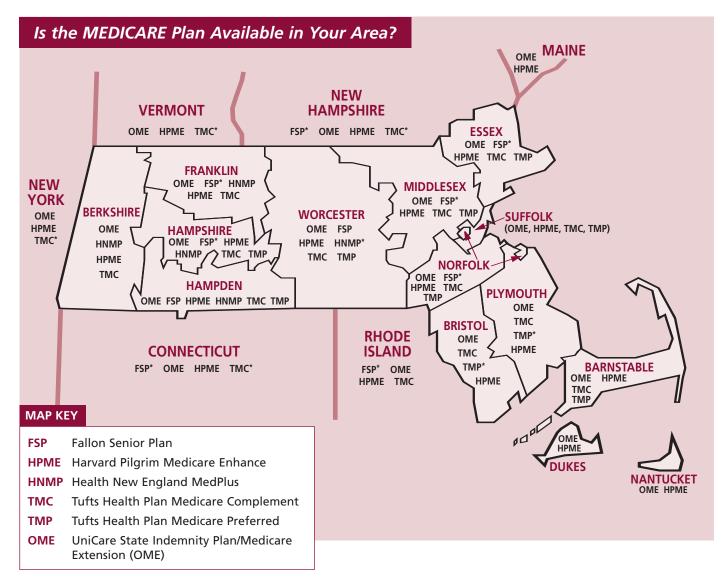
- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. See the chart on page 12.
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2010. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.



Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the federal Medicare Part D drug plans being offered. Therefore, you should not enroll in a federal Medicare drug plan.

- A "Creditable Coverage Notice" is in your plan handbooks and is also available on our website. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you must show this notice to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which will result in the loss of your GIC coverage.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage; this may be the one case where signing up for a Medicare Part D plan may work for you. Help is available online at www.ssa.gov or by phone at 1.800.772.1213.



^{*} The plan may not be available in every city and town in this county or state. Contact the plan for more specific coverage information.

The Harvard Pilgrim Medicare Enhance is available throughout the United States. The UniCare Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.

Monthly Group Insurance Commission (GIC) Full Cost Rates

Effective July 1, 2009
Full Cost Rates Including 0.33% Administrative Fee



For the rate you will pay as a municipal employee or retiree/survivor, see separate rate chart from your municipality.

Employee and Non-Medicare Retiree/Survivor Health Plans

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	НМО	\$ 405.73	\$ 973.76
Fallon Community Health Plan Select Care	НМО	491.98	1,180.73
Harvard Pilgrim Independence Plan	PPO	526.29	1,273.72
Health New England	НМО	431.11	1,068.59
Navigator by Tufts Health Plan	PPO	519.07	1,250.70
NHP Care (Neighborhood Health Plan)	НМО	416.83	1,104.60
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	767.55	1,791.79
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	732.03	1,709.37
UniCare State Indemnity Plan/Community Choice	PPO-type	411.28	987.06
UniCare State Indemnity Plan/PLUS	PPO-type	532.44	1,270.66

Medicare Plans

HEALTH PLAN	PLAN TYPE	PER PERSON
Fallon Senior Plan*	Medicare (HMO)	\$ 200.16
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	349.97
Health New England MedPlus	Medicare (HMO)	363.35
Tufts Health Plan Medicare Complement	Medicare (HMO)	321.63
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	178.09
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)	352.97
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	342.36

^{*} Rates are subject to federal approval and may change effective January 1, 2010.

Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary depending on the particular drug dispensed. The following descriptions will help you understand your prescription drug copayment levels. Contact plans you are considering with questions about your specific medications. See pages 15-29 for the corresponding copayment information.

Tier 1 (Generics): This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage form and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses as brand name drugs.

Tier 2 (Preferred Brand Name): This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Costly generics may also be included.

Tier 3 (Non-Preferred Brand Name): This tier is primarily made up of brand name drugs not included in Tier 1 or Tier 2. They have generic or brand name alternatives in Tiers 1 or 2.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one copay for three months of medication. *See pages 15-29 for copay details.* Once you begin mail order, you can conveniently order refills by phone or Internet. Contact your plan for details.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by Express Scripts, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

- **Step Therapy** This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.
- Mandatory Generics When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, plus the generic copay.
- Specialty Drug Pharmacies If you are prescribed specialty medications, primarily injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.

Important Information About Medicare Part D

Medicare Retirees and Survivors

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan has better benefits than the Medicare Part D drug plans being offered. Therefore, you should not enroll in a Medicare Part D drug plan. See page 11 for additional details.

FALLON COMMUNITY HEALTH PLAN DIRECT CARE

Plan Overview



Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Direct Care offers a selective network based at a geographically concentrated network of physician group practices, community hospitals, and medical facilities. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2009

- Primary Care Physician Office Visit
 100% after \$10 per visit
 100% pediatric wellness visit
- Specialist Physician Office Visit 100% after \$20 per visit
- Retail Clinic 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$200 per admission
- Outpatient Surgery
 (maximum four copays annually per person)
 100% after \$100 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day)
 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail	up to	Mail O	rder up to
30-day	supply:	90-day	supply:
Tier 1:	\$10	Tier 1:	\$20
Tier 2:	\$25	Tier 2:	\$50
Tier 3·	\$50	Tier 3	\$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Direct Care is available in the following Massachusetts counties:

Essex Middlesex

Fallon Community Health Plan Direct Care is available in parts of the following Massachusetts counties; contact the plan for more specific coverage information:

Bristol Plymouth Hampden Suffolk Hampshire Worcester

Norfolk

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan 1.866.344.4442

www.fchp.org

FALLON COMMUNITY HEALTH PLAN SELECT CARE

Plan Overview



Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

- Primary Care Physician Diagnostic Office Visit

 Fallon Community Health Plan tiers network Primary Care

 Physicians based on combined quality and efficiency standards.
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$15 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit
- Primary Care Physician Wellness Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit; 100% after \$0 pediatric visit
 - ★★ Tier 2 (good): 100% after \$15 per visit; 100% after \$5 pediatric visit
 - ★ Tier 3 (standard): 100% after \$25 per visit; 100% after \$10 pediatric visit
- Specialist Office Visit

Fallon Community Health Plan tiers the following specialists based on combined quality and efficiency standards: Allergists/ Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematology Oncologists, Neurologists, Obstetrician/ Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.

- ★★★ Tier 1 (excellent): 100% after \$20 per visit
- ★★ Tier 2 (good): 100% after \$30 per visit
- ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care: 100% after \$15 per visit
- Inpatient Hospital Care Medical
 - (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$250 per admission
- Outpatient Surgery (maximum four copays annually per person): 100% after \$125 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply: Mail Order up to 90-day supply:

Tier 1: \$10 Tier 1: \$20 Tier 2: \$25 Tier 2: \$50 Tier 3: \$10

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Select Care is available throughout the following Massachusetts counties:

Berkshire Hampshire
Bristol Middlesex
Essex Norfolk
Franklin Suffolk
Hampden Worcester

The Plan is available in *parts of* the following Massachusetts county; contact the plan for more specific coverage information:

Plymouth

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan

1.866.344.4442 www.fchp.org

HARVARD PILGRIM INDEPENDENCE PLAN

Plan Overview



The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

In-Network Benefits Effective July 1, 2009

- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit

Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on combined quality and efficiency standards: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
- ** Tier 2 (good): 100% after \$30 per visit
- ★ Tier 3 (standard): 100% after \$40 per visit
- Out-of-State Specialist Office Visit 100% after \$30 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care: 100% after \$15 per individual visit
- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) Harvard Pilgrim Health Care tiers its hospitals based on quality and cost:

Tier 1: 100% after \$250 per admission

Tier 2: 100% after \$500 per admission

Tier 3: 100% after \$750 per admission

- Outpatient Surgery (maximum four copays per person per calendar year): 100% after \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan
- **■** Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to
30-day supply:	90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:

Maine Rhode Island

New Hampshire

Coverage may be available in *some* cities and towns in the following states; contact the plan for more specific coverage information.

Connecticut Vermont

New York

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care

1.800.542.1499

www.harvardpilgrim.org/gic

HEALTH NEW ENGLAND

Plan Overview



Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

- Pediatric Physician Office Visit 100% wellness office visit 100% after \$15 per diagnostic visit
- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit Health New England tiers the following specialists based on combined quality and efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists,
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit

and Rheumatologists.

- Outpatient Mental Health and Substance Abuse Care: 100% after \$15 per visit
- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$250 per admission
- Outpatient Surgery (maximum four copays annually per person) 100% after \$100 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan
- **■** Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Health New England is available throughout the following Massachusetts counties:

Berkshire Hampden Franklin Hampshire

Health New England is available in parts of the following Massachusetts county; contact the plan for more specific coverage information:

Worcester

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England 1.800.842.4464 www.hne.com

NAVIGATOR BY TUFTS HEALTH PLAN

Plan Overview



The Navigator Plan, administered by Tufts Health Plan, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2009

- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit

Tufts Health Plan tiers the following Massachusetts specialists based on combined quality and efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.

- ★★★ Tier 1 (excellent): 100% after \$20 per visit ** Tier 2 (good): 100% after \$30 per visit

 - ★ Tier 3 (standard): 100% after \$40 per visit
- Out-of-State Specialist Office Visit 100% after \$30 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit UBH also offers EAP services.
- Inpatient Hospital Care Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics and pediatrics based on quality and cost.

Tier 1: 100% after \$300 per admission Tier 2: 100% after \$700 per admission

- Outpatient Surgery (maximum four copays per person per calendar year): 100% after \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan
- **■** Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Navigator by Tufts Health Plan is available throughout the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

The plan is also available in the following other state:

Rhode Island

Coverage may be available in some cities and towns of the following states; contact the plan for more specific coverage information.

New York Connecticut New Hampshire Vermont

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

Tufts Health Plan

1.800.870.9488

www.tuftshealthplan.com/gic

Mental Health, Substance Abuse and EAP Benefits: **United Behavioral Health**

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

NHP CARE (Neighborhood Health Plan)

Plan Overview



NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

■ Primary Care Physician Office Visit

Neighborhood Health Plan tiers network Primary Care Physicians based on combined quality and efficiency standards.

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit

■ Specialist Physician Office Visit

Neighborhood Health Plan tiers the following specialists based on combined quality and efficiency standards: Cardiologists, Endocrinologists, Gastroenterologists, Obstetrician/Gynecologists, Otolaryngologists (ENTs), Orthopedic Specialists, Pulmonologists, and Rheumatologists.

- ★★★ Tier 1 (excellent): 100% after \$20 per visit
 - ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit

Outpatient Mental Health and Substance Abuse Care

100% after \$20 per visit

■ Inpatient Hospital Care – Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$250 per admission

Outpatient Surgery

(maximum four copays annually per person) 100% after \$100 per occurrence

- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan
- **■** Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Mail Order up to
90-day supply:
Tier 1: \$20
Tier 2: \$50
Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

NHP Care is available in the following Massachusetts counties:

Bristol Norfolk Essex Suffolk Hampden Worcester

Middlesex

NHP Care is available in *parts of* the following Massachusetts county; contact the plan for more specific coverage information:

Plymouth

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

NHP Care (*Neighborhood Health Plan*) 1.800.462.5449

www.nhp.org

UNICARE STATE INDEMNITY PLAN/BASIC

Plan Overview



The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated. The plan determines "allowed amounts" for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

Benefits with CIC (Comprehensive) Effective July 1, 2009

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

- Primary Care Physician Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit
- Specialist Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ** Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- Out-of-State Primary Care Physician and Specialist Office Visit: 100% after \$25 per visit
- Retail Clinic: 100% after \$15 per visit
- Network Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care - Medical

(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year):100% after \$200 deductible

- Outpatient Surgery (maximum one deductible per person per calendar year quarter)
 100% after \$100 deductible
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan
- **■** Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

 Retail up to
 Mail Order up to

 30-day supply:
 90-day supply:

 Tier 1: \$10
 Tier 1: \$20

 Tier 2: \$25
 Tier 2: \$50

 Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Basic is the only Non-Medicare plan offered by the GIC that is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300

www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE

Plan Overview



The UniCare State Indemnity Plan/Community Choice is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers access to all Massachusetts physicians. Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

Hospital care copays and deductibles are determined by the type of treatment. For most procedures, members receive the highest benefit when choosing one of the plan's hospitals, most of which are community hospitals. For a few complex procedures, additional hospitals are available at the highest benefit. Otherwise, members pay a higher hospital deductible when they seek care from a hospital that is not in the plan. Contact the plan to see if the hospitals you are likely to use are Community Choice hospitals. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

In-Network Benefits Effective July 1, 2009

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$20 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care - Medical

(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): 100% after \$250 deductible

- Outpatient Surgery (maximum one deductible per person per calendar year quarter)
 100% after \$100 deductible
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan

■ Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to	
30-day supply:	90-day supply:	
Tier 1: \$10	Tier 1: \$20	
Tier 2: \$25	Tier 2: \$50	
Tier 3: \$50	Tier 3: \$110	

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/Community Choice is available in the following Massachusetts counties:

Barnstable Hampshire
Berkshire Middlesex
Bristol Norfolk
Essex Plymouth
Franklin Suffolk
Hampden Worcester

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300

www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

UNICARE STATE INDEMNITY PLAN/PLUS

Plan Overview



The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan provides access to all Massachusetts physicians and hospitals at 100% coverage less a copayment. Out-of-state non-UniCare providers have 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your physician is rated. The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

In-Network Benefits Effective July 1, 2009

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

- Primary Care Physician Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit
- Specialist Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Out-of-State Primary Care Physician and Specialist
 Office Visit: 100% after \$25 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details) 100% after \$15 per visit. UBH also offers EAP services.

UniCare tiers hospitals based on quality and cost.

■ Inpatient Hospital Care – Medical (maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

Tier 1: 100% after \$250 deductible

Tier 2: 100% after \$500 deductible

Tier 3: 100% after \$750 deductible

UniCare's outpatient surgery deductible is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery deductible.

■ Outpatient Surgery (maximum one deductible per person per calendar year quarter)

Tier 1 and Tier 2: 100% after \$100 per occurrence; Tier 3: 100% after \$250 per occurrence

- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan
- Emergency Room: 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail 30-day	up to supply:		rder up to supply:
Tier 1:	\$10	Tier 1:	\$20
Tier 2:	\$25	Tier 2:	\$50
Tier 3:	\$50	Tier 3:	\$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:

Rhode Island

Maine

New Hampshire

Coverage may be available in *some* cities and towns of the following state; contact the plan for more specific coverage information.

Connecticut

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300

www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744



Fallon Senior Plan is a Medicare Advantage HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2010.

Benefits Effective January 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- **■** Emergency Room

100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$80

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Fallon Senior Plan is available throughout the following Massachusetts counties:

Hampden Worcester

Fallon Senior Plan is available in *parts of* the following Massachusetts counties; contact the plan for more specific coverage information:

Essex Middlesex Franklin Norfolk

Hampshire

Coverage may be available in *some* cities and towns of the following states; contact the plan for more specific coverage information:

Connecticut Rhode Island New Hampshire

Monthly Rates as of January 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Senior Plan 1.866.344.4442

www.fchp.org



Harvard Pilgrim Medicare Enhance is a supplemental Medicare plan, offering coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment.

Benefits Effective July 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- **Retail Clinic** 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care
 100% after \$10 per visit
- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- Emergency Room 100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to		
30-day supply:	90-day supply:		
Tier 1: \$10	Tier 1: \$20		
Tier 2: \$25	Tier 2: \$50		
Tier 3: \$50	Tier 3: \$110		

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live in the United States.

Service Area

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States.

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information.

Harvard Pilgrim Medicare Enhance 1.800.542.1499 www.harvardpilgrim.org



Health New England MedPlus is a Medicare HMO option that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- **Retail Clinic** 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- Emergency Room 100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Health New England MedPlus is available throughout the following Massachusetts counties:

Berkshire Hampden Franklin Hampshire

Health New England MedPlus is available in *parts of* the following Massachusetts county; contact the plan for more specific coverage information:

Worcester

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England MedPlus

1.800.842.4464 www.hne.com



Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- Retail Clinic 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- Emergency Room 100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to
30-day supply:	90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Complement is available throughout the following Massachusetts counties:

Barnstable Hampshire
Berkshire Middlesex
Bristol Norfolk
Essex Plymouth
Franklin Suffolk
Hampden Worcester

The plan is also available in the following other state:

Rhode Island

Coverage may be available in *some* cities and towns of the following states; contact the plan for more specific coverage information:

Connecticut New York
New Hampshire Vermont

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Complement 1.888.333.0880 www.tuftshealthplan.com



Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan for details and to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2010.

Benefits Effective January 1, 2009

- Physician Office Visit and Preventive Care 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care 100%
- Inpatient and Outpatient Surgery 100%
- Emergency Room 100% after \$50 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:		
Tier 1: \$10	Tier 1: \$20		
Tier 2: \$20	Tier 2: \$40		
Tier 3: \$40	Tier 3: \$80		

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Preferred is available throughout the following Massachusetts counties:

Barnstable Middlesex
Essex Norfolk
Hampden Suffolk
Hampshire Worcester

Tufts Health Plan Medicare Preferred is available in *parts* of the following Massachusetts counties; contact the plan for more specific coverage information:

Bristol Plymouth

Monthly Rates as of January 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Preferred 1.888.333.0880 www.tuftshealthplan.com



The UniCare State Indemnity Plan/Medicare Extension (OME) is a supplemental Medicare plan offering access to any licensed doctor or hospital throughout the United States and outside of the country. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

Benefits with CIC (Comprehensive) Effective July 1, 2009

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

■ Physician Office Visit

100% after \$35 annual deductible

■ Preventive Care

100% after \$5 per visit

■ Retail Clinic

100% after \$35 annual deductible

Network Outpatient Mental Health and Substance Abuse Care

(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details)
First four visits: 100%

Visits 5 and over: 100% after \$10 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care

(maximum one deductible per person per calendar year quarter) 100% after \$50 deductible

■ Inpatient and Outpatient Surgery

100% within Massachusetts; call the plan for out-of-state details

■ Emergency Room

100% after \$25 copay per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:			Mail Order up to 90-day supply:		
	30-day	supply.	30-day	supply.	
	Tier 1:	\$10	Tier 1:	\$20	
	Tier 2:	\$25	Tier 2:	\$50	
	Tier 3:	\$50	Tier 3:	\$110	

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2009

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional benefit information.

Medical Benefits:

UniCare

1.800.442.9300 www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744



Attend a Health Fair

Attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

Bring your family! There are four Saturday health fairs for your family's convenience. See page 31 for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 13 de Abril hasta el 15 de Mayo del 2009. Durante dicho período, usted como (empleado o jubilado del estado) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2009. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2009年4月13日開始,於5月15日結束。 你可以利用這段時間改變你的醫療保險計劃。如 果你希望保持你現有的保險計劃,則不必在此期 間做任何事,你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計 劃,你必須保持你現有的保險計劃直到下一個登 記年度才可以更改。若是你在期間搬出你現有 的保險計劃服務區域,就另當別論了。

你的計劃改變在2009年7月1日生效。如有問題,請打電話給 Group Insurance Commission。電話號碼是617.727.2310,轉分機1。

Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- Benefit Decision Guide content in HTML and XML-accessible formats
- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions



- Answers to frequently asked questions
- GIC publications including the *Benefits At-A-Glance* brochures and our *For Your Benefit* newsletter
- United Behavioral Health At-A-Glance charts for mental health and substance abuse benefits for UniCare State plans and Navigator by Tufts Health Plan members
- Health articles and links to help you take charge of your health

Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 13 tháng Tư và chấm dứt vào ngày 15 tháng Năm, 2009. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tư đông tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2009. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.



1350 West Street PITTSFIELD

AP	PRIL 2009	MAY 2009
17 FRIDAY Springfield Ce 1840 Roosevelt SPRINGFIELD	3:00-6:00 ntral High School (Cafeteria) t Avenue	1 FRIDAY 12:00-4:30 Hibernian Hall 151 Watertown Street WATERTOWN
18 SATURDAY Randolph High 70 Memorial D RANDOLPH	11:30-4:00 n School Gymnasium Prive	2 SATURDAY 11:00-2:00 Northshore Community College Frederick E. Berry Building One Ferncroft Road DANVERS
	11:00-2:00 Community College ng Center, Room 109 ston Street	4 MONDAY 11:00-4:00 Weymouth High School Gymnasium One Wildcat Way WEYMOUTH
23 THURSDAY Wrentham Dev Graves Auditor Littlefield Street WRENTHAM		5 TUESDAY 10:00-2:00 McCormack State Office Building One Ashburton Place, 21st Floor BOSTON
24 FRIDAY Middlesex Con Cafeteria 591 Springs Ro BEDFORD	1:00-4:00 nmunity College	7 THURSDAY 12:00-4:00 Groton-Dunstable Regional School Gymnasium 703 Chicopee Row GROTON
25 SATURDAY Mass Maritime Baystate Confe Academy Drive BUZZARDS BAY	erence Center	8 FRIDAY 11:00-4:00 Norwood Civic Center Gymnasium 165 Nahatan Street NORWOOD 9 SATURDAY 10:00-3:00
27 MONDAY Memorial Hall 590 Main Stree	11:30-4:00	Sacred Heart School 384 Hancock Street QUINCY
28 TUESDAY Swampscott H 200 Essex Stree SWAMPSCOTT	1:00-5:00 igh School Gymnasium	MONDAY Holyoke Community College Bartley Center 303 Homestead Avenue HOLYOKE
29 WEDNESDAY Berkshire Com Paterson Field	munity College	12 TUESDAY 10:00-2:00 U-Mass Amherst Student Union Ballroom AMHERST

39-Week Layoff Coverage – allows laid-off insureds to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic and Medicare Extension (OME) plans. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. Enrollees without CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Basic and Medicare Extension Plan members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement)

Initiative – a GIC program which seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost-efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest copay incentives when they use higher-performing providers. Plans that use combined quality and efficiency standards to develop tiered networks are designated as Select & Save plans.

Deferred Retirement – allows you to continue your group health insurance after you leave municipality service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by a 15-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in particular cities and towns.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

Networks – groups of doctors, hospitals and other health care providers who contract with a benefit plan. If you are in a plan that offers network and non-network coverage, you will receive the maximum level of benefits when you are treated by network providers.

PCP (Primary Care Physician) – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

For More Information, Contact the Plans

For more information about specific plan benefits, call a plan representative.

Be sure to indicate you are a GIC insured.

	HEALTH INSURANCE	
Fallon Community Health Plan Direct Care Select Care Senior Plan	1.866.344.4442	www.fchp.org
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1.800.542.1499	www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO MedPlus	1.800.842.4464	www.hne.com
Neighborhood Health Plan NHP Care	1.800.462.5449	www.nhp.org
Tufts Health Plan Navigator by Tufts Health Plan	1.800.870.9488	www.tuftshealthplan.com/gic
 Mental Health/Substance Abuse and EAP (United Behavioral Health) 	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Medicare Complement Medicare Preferred	1.888.333.0880	www.tuftshealthplan.com
UniCare State Indemnity Plan/ Basic Community Choice Medicare Extension (OME) PLUS For all UniCare Plans	1.800.442.9300	www.unicarestateplan.com
 Prescription Drugs (Express Scripts) Mental Health/Substance Abuse and EAP (United Behavioral Health) 	1.877.828.9744 1.888.610.9039	www.express-scripts.com www.liveandworkwell.com (access code: 10910)

ADDITIONAL RESOURCES		
Employee Assistance Program (EAP) for Managers and Supervisors (United Behavioral Health)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Internal Revenue Service (IRS)	1.800.829.1040	www.irs.gov
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	www.mass.gov/mtrs
Medicare	1.800.633.4227	www.medicare.gov
Social Security Administration	1.800.772.1213	www.ssa.gov

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 www.mass.gov/gic



P.O. Box 8747 • Boston, MA 02114-8747

Commonwealth of Massachusetts

Deval L. Patrick, Governor

Timothy P. Murray, Lieutenant Governor

Group Insurance Commission

Dolores L. Mitchell, Executive Director 19 Staniford Street, 4th Floor Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

MAILING ADDRESS

Group Insurance Commission P.O. Box 8747 Boston, MA 02114-8747

Website: www.mass.gov/gic

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